CALIFORNIA'S NON-NAME BASED HIV REPORTING PROCESS

HEALTH CARE PROVIDER

Along with specimen and laboratory requisition form:

- Patient's last name
- Complete date of birth (DOB)
- Gender

- Date specimen was collected
- Name, address, phone no.
 of provider and facility where
 services were rendered, if different.

Services were rendered, if different.

LABORATORY

Report to Local Health Department includes:

- Completed Adult or Pediatric HIV/AIDS Confidential Case Report form which must include, among other information:
 - Non-Name Code (Partial Non-Name Code plus last 4 digits of SSN)
 - Name, address, phone no. of provider
- Race/ethnicity addendum attached to Case Report Form



Along with the confirmed HIV test result:

 Partial Non-Name Code (Soundex, DOB, gender)



Local Health Department





Submits unduplicated HIV cases with a completed HIV/AIDS Confidential Case Report form using the Non-Name Code

Department of Health Services, Office of AIDS





Submits aggregate HIV case data (without the Non-Name Code)

Centers for Disease Control and Prevention

Report to Local Health Department includes:

- Partial Non-Name Code
- Date specimen was tested
- Name, address, phone no. of provider
- Name, address, phone no. of the lab
- Lab results of the test performed
- Laboratory report number as assigned by the laboratory